

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
BUREAU OF OCCUPATIONAL LICENSES
1109 MAIN ST, SUITE 220
BOISE, IDAHO 83702**

*******APPLICATION FOR WATER/WASTEWATER LICENSURE*******

INSTRUCTIONS

- All applications must be complete.
- A \$25 application fee, the \$29 examination fee, and a \$45 original license fee must accompany this application. If you are upgrading from a current lower classification, the original license fee **is not** required.
- The application fees are **not refundable** and will be applied to the action requested through this application only. Send your application and fees to the address listed above.
- A separate application must be completed for each type and classification of license.
- Qualifying education and training will be based entirely on completeness and accuracy of information in this application. Supplemental sheets may be attached if necessary for further details regarding your education and training.
- Training acquired through programs such as short schools, accredited correspondence courses, trade schools, formalized workshops, seminars, adult and community education, etc. **must be** relevant to the field. Supporting documentation of attendance must be included.
- Training credit used for satisfying licensure requirements **must be** relevant to the field. Supporting documentation (such as copies of certificates showing CEUs awarded) must be included.
- Applicants for endorsement must arrange for the following documentation to be sent to the Board directly from the state(s) in which they hold licensure:
 - Official certification of a current license or certificate;
 - A copy of the other state's current licensure & classification criteria.
- Incomplete applications will not be processed or reviewed by the Board.
- The appropriate treatment &/or Collection System Classification work sheet must be submitted with the application.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Additional information about the application process, examination, and laws and rules may be obtained on the web at

www.ibol.idaho.gov/wwwp.htm

You may also write to the Board at:

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
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1109 MAIN ST, SUITE 220
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Address e-mails to:

wwp@ibol.idaho.gov

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*******APPLICATION FOR WATER/WASTEWATER LICENSURE*******

I hereby make application for licensure by: (Check **ONE** box for this application)

☐ **Initial Exam** ☐ **Upgrade** ☐ **Endorsement** ☐ **Grandparent**

and submit my qualifications and to practice as follows (SELECT ONE TYPE AND ONE CLASS):

LICENSE TYPE - Check One

Water: ☐ Water Treatment ☐ Water Distribution ☐ Backflow Assembly Tester
Wastewater: ☐ Wastewater Treatment ☐ Wastewater Collection ☐ Wastewater Laboratory Analyst

LICENSE CLASS - Check One (Backflow Assembly Tester applicants skip this section)

Water:

☐ Operator in Training ☐ Very Small System ☐ Class I ☐ Class II ☐ Class III ☐ Class IV

Wastewater:

☐ Operator in Training ☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Lagoon ☐ Land Application

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing address _____
(The above address is not public record) Street City State Zip

4. Birth Date: ____/____/____ **Place of Birth** _____ **SS#** ____/____/____
 mm dd yyyy

If not previously submitted, proof of birth date must be attached.
(A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable for proof of age.)

5. Daytime phone (____) _____ **E-mail** _____

6. Do you hold a current ☐ **water** or ☐ **wastewater license in Idaho?** ☐ **Yes** ☐ **No**

7. Do you hold a high school diploma or GED? ☐ **Yes** ☐ **No**
(Documentation that you meet this requirement must be included or on file with the Board.)

8. Do you meet the educational and experience requirements? ☐ **Yes** ☐ **No**
(This office must receive official educational transcripts directly from the educational institution registrar OR satisfactory evidence that you have attained the educational equivalent, AND verification letters from employers documenting the appropriate experience)

9. Have you completed the Operator-In-Training Program (OIT)? ☐ **Yes** ☐ **No**
(If Yes, an affidavit of training signed by your supervisor or employer must be included or on file with the Board.)

10. Are you currently or have you ever been licensed in any other state(s)? ☐ **Yes** ☐ **No**
(If Yes, certification of licensure(s) & classification criteria must be received directly from the issuing authority before your application will be processed.)

11. Have you passed an examination for licensure: **Water?** ☐ **Yes** ☐ **No**
(If Yes, documentation of appropriate examination scores **Wastewater?** ☐ **Yes** ☐ **No**
must be on file before your application will be processed.) **Backflow Assembly Tester?** ☐ **Yes** ☐ **No**

12. Have you ever had a license or certification revoked, suspended or otherwise sanctioned? ☐ **Yes** ☐ **No**
(If Yes, a copy of the charges and the final order must be attached or on file with the Board. A Yes response DOES NOT constitute ineligibility.)

13. Have you ever been convicted of any State or Federal felony? ☐ **Yes** ☐ **No**
(If Yes, a detailed statement, summary of charges, final order, probation or parole documentation, and any other relevant information must be received before your application will be processed. A Yes response DOES NOT constitute ineligibility.)

IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
******APPLICATION FOR WATER/WASTEWATER LICENSURE******
(continued)

AFFIDAVIT

I certify under penalty of perjury that all information contained in this application and attached hereto is true and correct to the best of my knowledge and belief. I certify that I have reviewed and will abide by the laws and rules governing the practice for which I am seeking licensure. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Applicant Signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

AFFIDAVIT OF CURRENT (OR LAST) EMPLOYMENT
Addendum

The information in this affidavit will be used to identify and establish the applicant's qualifying work experience for licensure at the grade level applied for. This information must represent the actual work experience and time the applicant was engaged in the operation of a facility. Dual experience for plant operation and systems operation should be identified when the applicant was responsible for both system operation and plant operation. If applicant is seeking a Grandparent license, this affidavit must note that the applicant has served as the system operator in responsible charge and be completed and signed by the system owner.

EMPLOYER or OWNER AFFIDAVIT

I hereby certify under penalty of perjury that the above named applicant [] is currently or [] was previously employed

as _____ for _____
Title/Position City, Service District, Corp.

from ____/____/____ to ____/____/____, with a work schedule of _____ hours per and _____ days per week, with the specific
mm dd yyyy mm dd yyyy

duties of _____.

Print System Supervisor's Name

Title

License #

Supervisor or Owner Signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

THIS COMPLETED & SIGNED AFFIDAVIT ADDENDUM MUST ACCOMPANY THE APPLICATION
PLEASE COPY THIS PAGE AS NECESSARY FOR EACH SUPERVISOR/EMPLOYER

*******APPLICATION FOR WATER/WASTEWATER LICENSURE*******
(continued)

EXPERIENCE ADDENDUM

PLEASE LIST YOUR OPERATING EXPERIENCE BELOW:

#1 Facility Name _____ [☐] WATER [☐] WASTEWATER

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ____/____/____ to ____/____/____, [☐] Full-time [☐] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____

#2 Facility Name _____ [☐] WATER [☐] WASTEWATER

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ____/____/____ to ____/____/____, [☐] Full-time [☐] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____

#3 Facility Name _____ [☐] WATER [☐] WASTEWATER

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ____/____/____ to ____/____/____, [☐] Full-time [☐] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____

#4 Facility Name _____ [☐] WATER [☐] WASTEWATER

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ____/____/____ to ____/____/____, [☐] Full-time [☐] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____